

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: CHRISHAVEN ONALASKA SOUTH (0009418)
Address: 735 10TH AVENUE NORTH, ONALASKA, WI 54650
License Status: REGULAR
Licensed/Certified/Registered 08/21/2001
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095242 **End Date:** 06/27/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093552 **End Date:** 09/21/2004 **Type:** OTHER **Purpose:** COMPLAINT
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006403 Served 10/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	12/15/2004	Yes

Survey ID: 0092855 **End Date:** 06/14/2004 **Type:** STANDARD **Purpose:** SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006374 Served 06/30/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	09/21/2004	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	09/21/2004	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	09/21/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 08/13/2004

Date Investigation Completed: 10/14/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10006403
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10006403

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